MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.		FILING DATE
	APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.							
1	1		1				61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9		1					69						
10			1		1		60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17					1		67						
18							68						
19			1		1		69						
20			1				70						
21							71						
22							72						
23							73						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	1		3		3		TOTAL NO.						
TOTAL DEP.	8		14		14		TOTAL DEP.						
TOTAL	9		17				TOTAL						

9/20/04